

SEP 26 2006

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DATE: SEPTEMBER 26, 2006

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TO:	COMPANY:	FAX NUMBER:	PHONE NUMBER:
Examiner Anne Marie M. Boehler	U.S. Patent & Trademark Office	571-273-8300	571-272-6641
FROM:	PHONE NUMBER:	EMAIL:	BILLING NUMBER:
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NOTES/COMMENTS:

US Patent Appln 10/763,797; filed January 23, 2004; Smollock et al. ; for "Transport System for Portable Auger".

1. Transmittal Form (1 page);
2. Response under 37 CFR § 1.113(C) and 1.116 (8 pages); and
3. Fee Transmittal.

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LV1 429958v1 09/26/06

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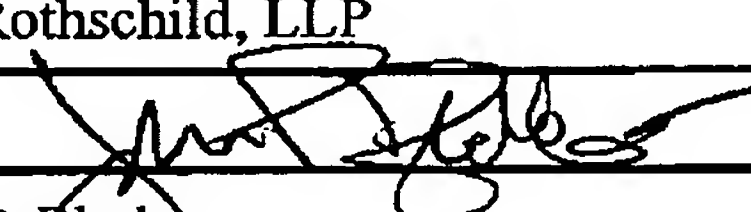
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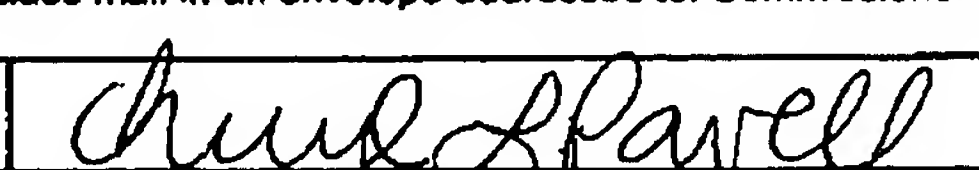
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/763,797
	Filing Date	January 23, 2004
	First Named Inventor	Michael J. Smollock
	Art Unit	3611
	Examiner Name	Boehler, Anne Marie M.
Total Number of Pages in This Submission	9	Attorney Docket Number MK-01

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<div style="border: 1px solid black; padding: 2px;">Remarks</div>		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Fox Rothschild, LLP	
Signature		
Printed name	John P. Blasko	
Date	September 26, 2006	Reg. No. 31,149

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SEP 26 2006
Attorney Docket No. MK-01

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

**In re Patent Application of:
Michael J. Smollock**

Application No.: 10/763,797

Filed: January 23, 2004

For: **TRANSPORT SYSTEM FOR
PORTABLE AUGER**

Group Art Unit: 3611

Examiner: Boehler, Anne Marie M.

X

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RESPONSE UNDER 37 CFR § 1.113(C) AND 1.116

This paper is being filed in response to the Final Office Action mailed August 10, 2006.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 8 of this paper.

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**
For FY 2006☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 0.00

Complete if Known

Application Number	10/763,797
Filing Date	January 23, 2004
First Named Inventor	Michael J. Smollock
Examiner Name	Boehler, Anne Marie M.
Art Unit	3611
Attorney Docket No.	MK-01

METHOD OF PAYMENT (check all that apply)

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Fee (\$)	Small Entity Fee (\$)
50	25
200	100
360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
20	- 20 or HP = 0	x	= 0.00

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
3	- 3 or HP = 0	x	= 0.00

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
	- 100 =	/ 50 =	(round up to a whole number) x	= 0.00

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge):

Fees Paid (\$)

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	31,149	Telephone	609-895-6639
Name (Print/Type)	John P. Blasko	Date	September 26, 2006		

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